

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	J-3568A
First Named Inventor	Anita Wongosari
COMPLETE IF KNOWN	
Application Number	10 / 712,457
Filing Date	November 13, 2003
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPEN GEL DELIVERY DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 11/13/2003 as United States Application Number or PCT International

Application Number 10/712,457 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

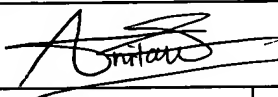
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		28165		OR <input type="checkbox"/> Correspondence address below	
Name Robert A. Miller					
S.C. Johnson & Son, Inc.					
Address 1525 Howe Street, MS 077					
City Racine			State WI		ZIP 53403
Country USA		Telephone 262-260-4975		Fax 262-260-4253	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Anita			Family Name or Surname Wongosari		
Inventor's Signature 				Date 02/06/2004	
Residence: City San Luis Obispo		State CA		Country USA	Citizenship ID
Mailing Address 111 Mustang Drive, Apt. #307					
City San Luis Obispo		State CA		ZIP 93405	Country USA
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Padma Prabodh			Family Name or Surname Varanasi		
Inventor's Signature				Date	
Residence: City Racine		State WI		Country USA	Citizenship USA
Mailing Address 2 Cherrywood Court					
City Racine		State WI		ZIP 53402	Country USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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[Page 1 of 2]

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Name **Robert A. Miller**

S.C. Johnson & Son, Inc.
Address **1525 Howe Street, MS 077**

City **Racine**

State **WI**

ZIP **53403**

Country **USA**

Telephone **262-260-4975**

Fax **262-260-4253**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Anita**

Family Name
or Surname **Wongosari**

Inventor's
Signature

Date

Residence: City **San Luis Obispo**

State **CA**

Country **USA**

Citizenship **ID**

Mailing Address **111 Mustang Drive, Apt. #307**

City **San Luis Obispo**

State **CA**

ZIP **93405**

Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Padma Prabodh**

Family Name
or Surname **Varanasi**

Inventor's
Signature

Padma Prabodh Varanasi

Date

12/11/03

Residence: City **Racine**

State **WI**

Country **USA**

Citizenship **USA**

2 Cherrywood Court
Mailing Address

City **Racine**

State **WI**

ZIP **53402**

Country **USA**

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,457
Filing Date	November 13, 2003
First Named Inventor	Anita Wongosari
Title	Open Gel Delivery Device
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3568A

I hereby appoint:

☒ Practitioners at Customer Number **28165**
OR

Place Customer
Number Bar Code
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Herbert W. Mylius	24,578
Carl R. Schwartz	29,437
Richard T. Roche	38,599
Steven J. Wietrzny	44,402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

☐ Practitioners at Customer Number

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OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Anita Wongosari

Signature

Date

02/06/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of Two forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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SIGNATURE of Applicant or Assignee of Record

Name

Padma Prabodh Varanasi

Signature

Padma Prabodh Varanasi

Date

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